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Consideration of reports submitted by States parties under article 35 of the Convention

List of issues in relation to the initial report of the Czech Republic

Addendum

Replies of the Czech Republic to the list of issues*

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* The present document is being issued without formal editing.

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A. Purpose and general obligations (arts. 1–4)

Reply to the issues raised in paragraph 1 of the list of issues (CRPD/C/CZE/Q/1)

1. The Czech Republic pays all the attention to the issue of persons with disabilities (hereinafter referred to as "PWD") as earnestly as these people deserve. Following the ratification of the Convention on the Rights of Persons with Disabilities (hereinafter referred to as "the Convention"), the National Plan for Creating Equal Opportunities for Persons with Disabilities for 2010–2014 was created. A part of this national action plan is handing over to the government a proposal to ratify the Optional Protocol to the Convention on the Rights of Persons with Disabilities. The Ministry of Labour and Social Affairs — the coordinator of the implementation of the Convention in the Czech Republic — prepared the said draft. However, strong arguments for postponement of the ratification to a later time were raised in the interdepartmental comment procedure, suggesting to remove the action item from the existing National Plan.

2. Despite this fact, the Czech Republic will continue to strive for the adoption of the Optional Protocol, but only after

(a) Sufficient political will for its adoption is manifested;

(b) Adequate funding is provided to ensure the establishment of a functioning mechanism of communication with the UN Committee on the Rights of Persons with Disabilities;

(c) Decision-making practice of the relevant United Nations Committee is known.

3. The Ministry of Labour and Social Affairs is ready to submit a proposal to ratify the Optional Protocol to the Government within one of the priority actions of the new Plan on Promoting Equal Opportunities for Persons with Disabilities 2015 to 2020. As a part of this task, the Ministry of Labour and Social Affairs will carry out a coordination role in the discussion and approval thereof by the Government.

4. It should be noted in connection with the ratification of the Optional Protocol that its rejection does not currently mean any threat or reduction of protection of people with disabilities. PWD are not negatively impacted, because the use of complaints that the Optional Protocol provides is possible only after the exhaustion of domestic remedies to remedy the situation. The lack of utilization of the national remedies in the area of discrimination and equal opportunities for persons with disabilities is shown by the fact that there has been virtually no case law in this area in the Czech Republic so far.

Purpose (art. 1)

Reply to the issues raised in paragraph 2 of the list of issues

5. The Act No. 155/1995 Coll., on Pension Insurance, as amended, regulates pension insurance for old age, disablement and death of the breadwinner, assessment-decisive circumstances to grant disability and a three-level system of disability and disability pensions. The implementing regulation to the Act on pension insurance, the Decree No. 359/2009 Coll., establishing percentage of a deterioration in capacity to work and requirements for disability assessment and regulating assessments of capacity to work for disability purposes (the Decree on disability assessment), regulates disability assessment in more detail.

6. The insured is disabled if the percentage deterioration in his/her capacity to work has dropped:

(a) By 35%, at minimum, however by 49% at maximum, it is the first disability level;

(b) By 50% at minimum, however by 69% at maximum, it is the second disability level;

(c) By 70% at minimum, it is third disability level.

7. For the purposes of the Act on pension insurance, the long-term adverse medical condition means a medical condition limiting physical, sensory or mental abilities of the insured person that are significant for his capacity to work, should such medical condition last longer than 1 year or if according to *lege artis* it may be expected that it shall longer than 1 year.

8. The percentage rate of the deterioration of capacity to work according to the kind of disability is given in the Annex to the Decree No. 359/2009 Coll. When determining the deterioration of capacity to work, the assessment is based on the medical condition of the insured supported by results of functional examinations. At the same time, the fact whether it is the disability having a permanent impact on the capacity to work, or if it is a stabilized medical condition is taken into consideration, whether the insured is adapted to his/her disability, the ability to undergo requalification to another type of gainful activity by the insured and the ability to make use of the preserved capacity to work.

General obligations (art. 4)

Reply to the issues raised in paragraph 3 of the list of issues

9. Promotion and protection of the rights of Roma people with disabilities will be laid down in the Roma Integration Strategy until 2020. The vision of the Strategy is to create a framework for action items that will lead to reversing negative trends in the situation of a significant portion of Roma in the Czech Republic in the areas of education, employment, housing, health and social areas and that will kick-start and accelerate positive changes that will lead to the gradual removal of unjustified and unacceptable differences between the situation of a large part of Roma and the majority of the population, ensuring effective protection against discrimination of Roma, safe coexistence and will encourage the development of Roma culture, language and Roma participation.

10. The Roma integration strategy includes 5 thematic strategic objectives. One of these goals is "Ensuring Equal Access of the Roma to Social Services and Health Care". As part of this strategic objective, specific goals are laid down: to improve Roma access to social services, support to social and other services, especially health services meeting the needs of clients (fieldwork in excluded (Roma) localities, community work, low-threshold services) and equal access of the Roma to health care provided on the basis of universal health insurance.

11. The said specific objectives and related measures are directed towards high quality and easily accessible social services available to all Roma who need them. They also focus on social services that will meet the specific needs of the Roma clients. Social services will be provided in the field where necessary. Health status of the Roma and non-Roma population does not show any unjustified differences to the detriment of the Roma.

Reply to the issues raised in paragraph 4 of the list of issues

12. Participation of PWD or their organizations in the legislative process is ensured through the Secretariat of the Government Board for People with Disabilities that circulates draft legislation not only to organizations represented in the Government Board for People with Disabilities (hereinafter referred to as the "Government Board") but also to other organizations nationwide. Due to the fact that the Secretariat of the Government Board organizationally falls under the Ministry of Human Rights, Equal Opportunities and Legislation, significant importance is attached on the observations and comments.

13. The Government Board is a standing coordinating, initiative and advisory body to the Government of the Czech Republic for the issue of support to people with disabilities. The Czech National Disability Council — as an umbrella organization representing the interests of persons with disabilities in the Czech Republic — is the main advisory body to the Government Board. The chair and vice-chairs of the Czech National Disability Council are members of the Government Board. The civil society is thus directly involved in coordinating the policy of the Czech Republic towards persons with disabilities.

14. Regarding the time scale that organizations have to send comments, that is influenced by the legislative process and the deadlines that are set within it. There are also some government departments that send draft legislation directly to organizations of persons with disabilities and then discuss their comments with them (typically, for example, the Ministry of Labour and Social Affairs and the Ministry of Health).

15. The 6th National Plan on Promoting Equal Opportunities for Persons with Disabilities for the Period 2015 to 2020 is already under preparation. Organizations of persons with disabilities have also traditionally been actively involved in this process.

16. The Government Board also supports publicly beneficial activities of associations of disabled people through its grant program. The program has supported four areas of activity, namely: international cooperation in the equalization of opportunities for persons with disabilities, participation in the drafting, implementation and monitoring of comprehensive plans for the equalization of opportunities for persons with disabilities, educational and information activities in the equalization of opportunities for persons with disabilities and organizational administrative services within the self-help activities of associations of disabled people.

B. Specific rights

Equality and non-discrimination (art. 5)

Reply to the issues raised in paragraph 5 of the list of issues

17. According to Act No. 435/2004 Coll., on Employment, as amended (the "Employment Act"), a natural person commits an offense by violating the prohibition of discrimination or failing to ensure equal treatment under the Act, when he or she does not keep records of employed persons with disabilities or a register of jobs reserved for persons with disabilities, or when he or she fails to comply with the obligation to employ persons with disabilities in a mandatory proportion. This offense may be fined up to 1 000 000 CZK.

18. A legal person or a natural person commits an administrative offense by violating the prohibition of discrimination or failing to ensure equal treatment under this Act, when it does not keep records of employed persons with disabilities or a register of jobs reserved for persons with disabilities, when it fails to comply with the obligation to employ persons

with disabilities in a mandatory proportion. An administrative offense shall be fined by up to 1 000 000 CZK.

19. The application of the institute of reasonable accommodation in the Czech Republic is, however, not limited only to the above Employment Act. It is included also in Act No. 198/2009 Coll., on Equal Treatment and Legal Means of Protection Against Discrimination and Amending Certain Acts (Antidiscrimination Act), as amended

20. Section 1 paragraph 1 of the Antidiscrimination Act further defines the subject matter of the regulation, i.e. the right to equal treatment and non-discrimination in respect of:

(a) The right to employment and access to employment;

(b) Access to a profession, doing business and self-employment;

(c) Employment, service conditions and other related activities, including remuneration;

(d) Membership and activities of trade unions, works councils or employer organizations, including benefits that these organizations provide to their members;

(e) Membership and activities in professional associations, including benefits that these public corporations provide to their members;

(f) Social security;

(g) Right to social benefits;

(h) Access to health care and its provision;

(i) Access to education and its provision;

(j) Access to goods and services, including housing, if they are offered to the public or in the delivery thereof.

21. Indirect discrimination on grounds of disability in accordance with the provision of Section 3, paragraph 2, of the Antidiscrimination Act also means the refusal or failure to take measures of reasonable accommodation to ensure that persons with disabilities have access to a specific job, have the right to perform work or to promotion, to take advantage of career counselling or to participate in another vocational training or to use services intended for the public, unless such measures would impose a disproportionate burden. In deciding whether a particular measure constitutes an unreasonable burden, the following should be taken into account:

(a) The level of benefit which the PWD gains from the measures;

(b) Financial aspects to the natural or legal person who has to implement these;

(c) The availability of financial and other assistance to implement the measures; and

(d) The possibility of the alternative measures meeting the needs of persons with disabilities.

22. A disproportionate burden is not brought about by a measure which the natural or legal person is obliged to carry out under a special legal regulation.

Reply to the issues raised in paragraph 6 of the list of issues

23. Legal means of protection against discrimination of persons, including persons with disabilities, are laid down by Act No. 198/2009 Coll., on Equal Treatment and Legal Means of Protection Against Discrimination and Amending Certain Acts (Antidiscrimination Act).

as amended, namely in its provisions of Section 10 and 11. A person who was damaged by a discriminatory act has the right to seek a court decision that the discrimination be abandoned, the consequences of discrimination eliminated and a reasonable satisfaction to be paid. If such a remedy does not appear to be sufficient, especially because it was the result of discrimination that considerably reduced the reputation or dignity of the person or their good standing in society, they also have the right to compensation of non-pecuniary damages.

24. A similar regulation can be found in Section 2956 et seq. of the new Civil Code (Act No. 89/2012 Coll., the Civil Code) which lays down the right to compensation for personal injury of natural rights of a human (protection of life and dignity, health, esteem, honor, etc., cf. Section 81 et seq. of the new Civil Code (NCC)). According to the new Civil Code, non-pecuniary damages can be made good by adequate satisfaction that has to be provided in cash, unless another way of genuine and sufficiently effective atonement of the injury is offered. The manner and the amount of adequate compensation has to be determined so that the circumstances worthy of special consideration are made good. These include — among others — the causing of the injury as a result of discrimination with regard to the health of the victim or other similarly serious reasons.

Reply to the issues raised in paragraph 7 of the list of issues

25. Detailed mapping of multiple discrimination of girls and women with disabilities in the Czech Republic is relatively problematic, mainly because of the lack of statistical data. Within the Department of Gender Equality Office of the Government, a report was drafted on the possibility of optimizing the collection of statistical data to evaluate the implementation of the principles of gender equality in which strict division of data relating to individuals by gender in the area of multiple discriminations was identified as one of the basic optimization proposals for the enlargement of the process of collecting statistical data. This topic is also one of the important areas within the Government's Strategy for Equality Between Women and Men in the Czech Republic for 2014–2020 which is emphasized by the corresponding specific goal named: Strengthening Mechanisms to Support the Elimination of Gender-based Marginalization of Discriminated Persons.

26. The Roma Integration Strategy up to 2020 includes as one of the thematic strategic goals "Ensuring equal treatment of the Roma and their protection against discrimination". Within the specific objective "Consistency of Legislation and the Implementation Thereof with the Prohibition of Discrimination", examination of the impact of government policies on the set groups of residents will be conducted by monitoring the discriminatory nature thereof, including in particular Roma ethnicity / nationality; other characteristics may be monitored with regard to the risk of multiple discrimination (gender, age, disability, or other).

Women with disabilities (art. 6)

Reply to the issues raised in paragraph 8 of the list of issues

27. The National Action Plan for the Prevention of Domestic Violence for the Years 2011–2014 (hereinafter "NAP DV") contains 32 tasks that shall lead to effective prevention of domestic violence and assistance to persons at risk, including persons with disabilities. NAP DV states that domestic violence affects all people at all social levels, regardless of age, education or economic situation. Individual tasks are drafted to take into account the specific needs of people facing the risk of multiple discrimination.

28. In December 2011, a secondary comparative analysis of the status of women with disabilities in the Czech Republic was published under the title "Women with Disabilities

in the Czech Republic". Aperio–Společnost pro zdravé rodičovství (Healthy Parenting Society) prepared this analysis for the Government Board. The analysis focused on eight areas in which comparisons were made regarding the status of disabled women versus men with disabilities as well as compared to women without disabilities in the country. The areas reviewed included, inter alia: participation in public life and decision-making, employment, labor market and economic activity including doing business and work-life balance and education of women with disabilities in the Czech Republic. Recommendations for improving the current situation were developed for each monitored area.

29. Current information on the status of women with disabilities in the Czech Republic can be obtained from a sample survey of persons with disabilities conducted by the Czech Statistical Office in cooperation with the Czech Institute of Health Information and Statistics and supported by the Ministry of Labour and Social Affairs in 2013. All recorded data were segregated by age and sex.

30. The Ministry of Health is one of the bodies that cooperate on the activities of the National Action Plan for the Prevention of Domestic Violence for the period 2011–2014. The activities of this strategic objective relate to legislative changes, activities of the social — legal protection of children and crisis centers.

31. Within the health services provided to children and adolescents, the substantive jurisdiction on the issue of violence is laid down by the document "National Strategy on Violence Against Children in the Czech Republic for the Period 2008–2018". The main and specific objectives are met within the scope of the Working Group of the Ministry of Health for the prevention of violence against children and in the grant program "Program of Care for Children and Adolescents" and the "Crime Prevention" program.

32. The Ministry of Health co-manages the strategic objective 4: Education and interdisciplinary collaboration and strategic objective 5: The society and domestic violence. These targets have been continuously worked on within the Health Ministry. The Ministry of Health issued a methodological instruction "Methodological Guidelines of the Ministry of Health for the Steps of Physicians in Providing Health Care to Victims of Domestic Violence" (Bulletin of the Ministry of Health No. 6/2008) for the purposes of the unification of the steps of physicians in providing services to victims of domestic violence. The Methodological Guidelines can be used even if only suspicion of a person at risk exists and they can also be applied in the work of other health workers. The procedures for primary care physicians in cases of suspected syndrome of abused and neglected child are unified by the "Methodological Order for Primary Care Physicians in Suspected Cases of the Syndrome of Abused and Neglected Child" (Bulletin of the Ministry of Health No.3 / 2008). Decree No. 70/2012 Coll., on Preventive Examinations, requires to rule out signs of torture, neglect and child abuse in the context of preventive examinations of children.

33. The Ministry of Health is prepared to work on inter-departmental tasks within the scope of their powers relating to the prevention of domestic violence. Strategic objectives of prevention of domestic violence and activities to achieve them are, however, largely focused on criminal-legal and socio-legal measures.

Children with disabilities (art. 7)

Reply to the issues raised in paragraph 9 of the list of issues

34. Children with disabilities can benefit from residential care homes for people with disabilities. Currently, the Czech Republic is taking steps to reduce the number of these facilities by their transformation and prioritization of field and outpatient services.

35. Since 2013, the Ministry of Labour and Social Affairs has been introducing the project Transformation of Social Services which creates an environment at the national level for transformation of residential social services to community service.

36. The National Plan on Promoting Equal Opportunities for Persons with Disabilities for the Period 2015 to 2020 is currently being prepared with measures aiming — inter alia — to support caregivers and consistent support to field social care services (i.e. increasing support to these services by public sources or at least keeping the status quo).

37. In the field of education, the new National Plan will have the following main objectives:

(a) To continue the inclusive education system;

(b) To choose the form of education in accordance with the best interests of the child, pupil, student;

(c) To provide persons with disabilities with support regarding education at all levels of education, including lifelong learning.

38. The individual measures will focus on the implementation of systemic and policy measures to increase equal access to education.

39. A bill to amend the Education Act is currently ready to be approved, amending the provision of Section 16 on the education of children, pupils and students with special educational needs by fundamentally changing the principle of providing supportive measures to these persons. The newly defined system of 5 degrees of supportive measures aims to ensure regular schools improved personnel and financial conditions for inclusive education. It will strengthen the role of school counselling centers and services provided to children, pupils and students, but also to their families. The plan is to target care towards families and link cooperation at the level of several ministries, not to keep it only with the Ministry of Education.

40. To strengthen inclusive education, the Ministry of Education has announced a new development program in 2014 "in support of school psychologists and school special education teachers in schools and methodologists-specialists in school counselling centers". 107.7 FTE (full-time equivalent) professionals — school psychologists and school special education teachers — in schools and school-based counselling facilities were supported in 2014 by an amount totalling 48 million CZK. The program also will be announced in 2015.

Accessibility (art. 9)

Reply to the issues raised in paragraph 10 of the list of issues

41. Based on the collective opinion of the Ministry for Regional Development and the Ministry of Transport, professional chambers and some organizations of persons with disabilities, it is possible to conclude that the situation in the Czech Republic has been improving in the area of barrier-free use of buildings. The progress was already noticeable after 5 years and is significant after 10 years.

42. The Building Act lays down that barrier-free use of buildings is among the general requirements for construction. At the same time, barrier-free use of buildings is legislatively regulated as a subject of public interest. According to Section 169 of the Building Act, legal persons, natural persons and relevant public authorities are obliged to follow the requirements for barrier-free use of buildings. Furthermore, this law clearly and precisely lays down the accountability regime for individuals engaged in construction. The designer is responsible for the design of the building, the construction site manager is

responsible for the actual construction and the building's owner is responsible for maintenance.

43. The building office verifies the design documentation and carries out inspections of the construction site. Within these powers, the officials of building authorities (building offices) continuously enforce and promote compliance with the requirements for barrier-free use of buildings. Statistical evidence of these acts is not kept because it is a continuous and sustained action.

44. A significant progress was the passing of the "barrier-free" decree which provides for specific technical requirements for barrier-free use of buildings. The draft of this Decree was notified to the Member States of the EU and neither comments nor objections were raised towards the Czech Republic in the framework of this procedure.

45. Knowledge of the requirements for barrier-free use of buildings is an essential part of the professional competence of designers and workers of building authorities.

46. The Czech Chamber of Chartered Engineers and Technicians in Construction provides consultation for wheelchair use of buildings. Based on a notification, the Chambers have the obligation to initiate disciplinary proceedings against the authorized persons in case of violation of the relevant legislation by those persons. Approximately 30,000 authorized persons (designers) are members of this Chamber. Not a single notification has been filed to initiate remedial actions in the area of accessibility of buildings.

47. Likewise, individual projects can be discussed at the office building at the municipality. In case of ambiguity or doubt, a complainant can approach a superior administrative authority, i.e. the competent regional building authority. If the activity of the building office turns out to be illegal, it is possible to use remedies that the legal system provides, for example to apply for a review of the building permit or the occupancy permit.

48. The legislation in the Czech Republic applicable to wheelchair use of buildings is on par with a higher European standard. However, the Czech Republic still has room for improvement of the status quo of barrier-free use of buildings, mainly in training for the construction professions and in lifelong learning and in the area of intensive methodological support, both in the field of civil engineering and in road construction. Positive development in this area is also supported by close cooperation among public institutions and organizations of persons with disabilities, including support to the organizations by grant programs. Finally, let us mention at least two practical examples. The City of Prague has an approved plan for full wheelchair accessibility of the municipality by 2025. Furthermore, a unique system of remote information and orientation beacons for people with visual impairment is in routine operation in the Czech Republic; this system significantly helps in everyday life of these people in the whole country. In this respect, the Czech Republic is the perfect example for other countries across all continents.

Reply to the issues raised in paragraph 11 of the list of issues

49. The Ministry of Transport in collaboration with the Directorate of Roads and Highways provides barrier-free use of buildings by motorways and expressways in places that are accessible to pedestrians, in particular at service areas and voice emergency call booths. The Ministry of Transport promotes, protects and ensures the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities during the official inspection and approval of project documentation of transport infrastructure (barrier-free use of motorways and expressways in places that are accessible to pedestrians).

50. When it comes to the acquisition of barrier-free railway vehicles, we would like to highlight that the requirement for the acquisition of wheelchair-accessible rail vehicles is defined in Section 2 Paragraph 4 of the Government Regulation No. 63/2011 Coll., establishing minimum thresholds and indicators of quality and safety and how they are proven in connection with the provision of public passenger transport services:

51. "The provision of public passenger transport services within public passenger transport on national and regional railroads shall be carried out by trains containing at least one rail vehicle accessible to persons with reduced mobility in accordance with the technical requirements established by the legislation on the approval of technical competence of railway vehicles; this does not apply to trains that contain at least half of rail vehicles placed in service before the effective date of this regulation". Similar rules also apply to purchases of buses.

52. In aviation, the Ministry of Transport continues to monitor compliance with the Regulation (EC) No. 1107/2006 dated 5 July 2006 concerning the rights of disabled persons and persons with reduced mobility when traveling by air, the Ministry conducts regular evaluations of complaints and adherence to established procedures making travel easy for women with young children (e.g.: wheelchair access to all areas of an airport, stroller can be drawn right to the aircraft, transporting collapsible stroller (or portable baskets, sleeping bags, car seats) free of charge.

53. The main source of information to persons with reduced mobility regarding wheelchair transport are timetables of public transportation that contain information on the deployment of low-floor buses, low-floor trams or trains with the possibility of barrier-free boarding. Detailed information is included in the national timetable which can be found on webpage www.idos.cz. Further information, including wheelchair accessibility at stations, is listed at the websites or in printed materials of the haulers and the entities ordering public transport.

Reply to the issues raised in paragraph 12 of the list of issues

54. Under Section 4 Paragraph 1 of Act No. 194/2010 Coll., on Public Passenger Transport Services and Amending Other Acts, the Ministry of Transport provided long-distance trains. Other public rail passenger transport (regional and commuter trains, trolleybuses, trams and metro) and regular public transport (regional and municipal bus lines) are ordered by individual regions and municipalities under Section 3 Paragraph 1 and 3 of the Act.

55. In connection with ordering public transport, it can be noted that long-term effort of the Ministry of Transport as a customer of long-distance transport is to ensure the greatest possible temporal and spatial availability of long-haul trains to Czech citizens. Due to the different transport capacity, the potential of each city pair is segmented into three major groups in accordance with the existing concept of national transport trains ordered by the Ministry of Transport, i.e. two segment one-hour operation, single-segment one-hour operation and single-segment two-hour operation.

56. Trains and buses for regional transport can be ordered in a separate scope by individual regions. The regions adapt their orders by the population structure of the region, the possibilities of public budgets and the state of the roads and railway infrastructure. Overall, we can say that there were 6,253 villages in the Czech Republic in 2013 and all those villages were served by public transport services. The transport service was provided by trains in 1,667 municipalities, while in 1,606 of the municipalities the transport service was provided by more than 10 trains a day. Transport services were provided by buses in 6,192 municipalities, while in 5,598 villages there were more than 10 buses a day. The above figures apply to a working day and in the case of Saturdays, Sundays and holidays

the values are lower, but it still is an above the average quality provision of transport services in the context of the EU member states.

Situations of risk and humanitarian emergencies (art. 11)

Reply to the issues raised in paragraph 13 of the list of issues

57. Emergencies are regulated by Act No. 240/2000 Coll. (Crisis Management Act). According to the Crisis Management Act, the operator of television or radio broadcasting is obliged, without any compensation and on request of crisis management authorities, immediately and without any modification of the content and the meaning, to publish information about declaration of crisis states and ordered measures during crisis states.

58. The Fire Brigade (HZS) of the Czech Republic does not ignore the issue; a Methodological Sheet of order JPO 12 S was issued in 2007 and dealt with the principles of communication with persons with disabilities at the site of a fire. This topic is also included in the preparatory course for new members, appears also in special courses and methodological education organized by the psychological services and is a part of regular training at stations and during exercises of the Integrated Rescue System (IRS). An educational DVD is currently being prepared which was shot by members of HZS in the Zlín Region. The contents of the DVD are based on the above methodological sheet JPO and will serve as a methodological tool for members of HZS working with persons with disabilities (visual, auditory, physical and mental). The shooting of the DVD included people with specific disabilities. The benefit of the DVD is not only in the direct acting in the video clips that focus on the most common situations in interventions, but especially with specific suggestions on how should the firefighters deal with handicapped persons (for example, leading a blind person through a space with obstacles, down the stairs, with the help of a guide dog, etc.). Both our access to the issues and the educational DVD have already been presented in the international project EUNAD which aims — among others — to prepare materials and programs for improving practice in working with people with special communication needs in situations of emergencies and disasters.

59. HZS in the Zlín region organized last year for firefighters with medical training (i.e. paramedics) in collaboration with the organization 3Dimenze a three-day course of sign language in which firefighters learned some basic signs for communicating with the deaf at incidents and were familiarized with the various recommendations how to deal with people with hearing impairment, how to communicate using tools, etc. Some fire trucks carry prepared cards with pictograms of some basic concepts, e.g. the human body, a house, that those with hearing impairment can show if they are hurt and where it hurts or if someone else is still in the house, where gas bottles are stored etc. The regular practical exercises or even firefighters' competitions (e.g. competition in recovery from crashed vehicles) introduce model situations where firefighters must communicate with persons with hearing impairment or other disabilities. HZS in other regions also focus on the issue.

60. Different methodological sheets are part of the instruction in specialized courses for participants to become proficient fire fighters. The courses Operational Management discuss the specifics of reception of distress messages from people with hearing and speech disabilities. SIAŘ 32/2006 — calling a psychologist to the place of event — is also included in the courses. The Secondary Technical School of Fire Protection and College Fire Protection in Frýdek-Místek has incorporated teaching on PWD at appropriate parts in the curricula in the last year, acquainted their pupils with this issue also in the form of an excursion to a nursing house OÁZA in Frýdek-Místek — the aim was to show pupils what real contact with persons with disabilities looks like.

61. The General Directorate of Fire and Rescue Service has placed a statement on Decree No. 64/2008 Coll. at: http://www.hzscr.cz/clanek/prohlaseni-o-pristupnosti-40.aspx.

62. A link to the accessibility statement is on every page of the Ministry of Interior, links to the Police and Fire and Rescue Service are located at the bottom of every page.

63. The technical coordinator for the principles of web accessibility for people with disabilities is the Working group of experts on Web accessibility standards established by the Ministry of Interior, Česká pošta (Czech Post) and the companies testing the accessibility of public authority web servers — currently AutoCont and Futura Soft.

64. Inspection of compliance with the principles mentioned by the editors (content manager) is the task of the editorial board of the website of the Ministry of Interior.

65. Under the provision of Section 32, paragraph 1, item (k), of Act No. 231/2001 Coll., on Radio and Television Broadcasting and Amending Other Acts, as amended, in cases of urgent public interest, a broadcaster is obliged to provide the necessary broadcasting time for important and urgent announcements in connection with the announcement of a state of emergency, state of war, state of cyber danger, or measures to project public health, to state authorities and local government authorities at their request; responsibility for the content of such notification rests with the person who has been granted the broadcasting time.

66. In accordance with Section 32, paragraph 2, of the aforementioned Act, a nation-wide television broadcasting license holder is required to provide at least 15% of broadcast programs with hidden or open subtitles for the hearing impaired and make at least 2% of broadcast programs accessible to persons with visual impairment. A nation-wide statutory television broadcaster is required to provide at least 70% of broadcast programs with hidden or open subtitles and at least 2% of broadcast programs produced in the Czech sign language or simultaneous translation into Czech sign language for the hearing impaired and is additionally required to create at least 10% of broadcast programs for persons with visual impairment.

Equal recognition before the law (art. 12)

Reply to the issues raised in paragraph 14 of the list of issues

67. The new Civil Code stipulates in Section 38 et seq. supporting measures in cases of an adult with limited legal capacity, namely preliminary declarations, assistance and representation in decision-making by a member of the household. These provisions represent the possibility of reasonable approaches to persons with disabilities so that they too are not prevented from exercising their rights and are allowed to participate in social life. The legislation stresses the need to base decisions on individually determined needs of persons, to influence these people actively, encourage their independence and social inclusion. With effect from 1 January 2014, the Czech law has completely removed from the books the possibility of total incapacitation of a human and limitations to legal acts is understood only as the last resort which can be used only if the milder measures will not suffice.

68. A preliminary declaration statement is preventive in nature. It enables people, especially in cases of observed progressive development of mental disorders (e.g. Alzheimer's disease, dementia) to express their wishes in a binding manner if eventually they will not be able to manage their own affairs. It is mainly the possibility to express a binding will how their affairs are to be managed and who will manage them as a guardian. If a person appoints a guardian and the guardian agrees, the court is bound by the declaration (as well as by recalling thereof); the court can only verify the legal capacity of the person to be appointed a guardian, particularly with regard to the legal capacity of the

person to manage the affairs of another person with the requisite degree of care and also to check that there is no conflict of interest. When the statement specifies how a matter is to be managed by the person concerned, the guardian is bound by it. The statement may be invalid, e.g. for lack of form. Even in this case, however, it is not possible for the court to disregard its contents completely and consider it to be legally irrelevant. Even in such a case, the court must take into account its contents.

69. The legal regulation of assistance in decision-making is based on the concept of supported decision-making and stems from Section 12, paragraph 3, of the Convention on the Rights of Persons with Disabilities under which Member States must take appropriate measures to ensure that persons with disabilities have access to the support they may need when applying their will. An assistant, unlike a guardian, does not act on behalf of people with disabilities, but acts with them. The obligation under Section 12, paragraph 4, of the Convention on the Rights of Persons with Disabilities, which requires the adoption in this context of appropriate and effective measures to prevent abuse of this regulation, is fulfilled by Czech law by creating a liability between the supported person and the supporter based on a contract (with judicial approval) for the provision of aid by an assistant appointed by the court. This allows the court to dismiss the supporter if there are statutory reasons for it. In addition, the scope of powers of the supporter is defined in detail.

70. Representation by a household member under Section 49 et seq. The NCC lays down representation of an adult whose mental disorder prevents them from legal acts but only in the usual matters relevant to the particular circumstances of life. These are mainly the issues relating to the provision of health and social services and applications for social benefits in material need, state social support and social security. This legal regulation is one of the ways to fulfil the requirements of Article 19 of the Convention on the Rights of Persons with Disabilities allowing these people to live in the community and it also follows the recommendations to the Committee of Ministers of the Council of Europe No. R (99) 4 on the principles of legal protection of incapable adults.

Reply to the issues raised in paragraph 15 of the list of issues

71. Laws regulating the financial market do not contain specific measures to address the issue of equal rights of persons with disabilities. This question is addressed by other (general) legal regulations. Equality of property rights and inheritance is laid down by the Charter of Fundamental Rights and Freedoms or by the Antidiscrimination Act.

72. In order to promote independence in this area, the new Civil Code included provisions on supportive measures in cases of limitation of legal capacity of an adult, namely preliminary declarations, assistance and representation in decision-making by a member of the household, as described in the reply to paragraph 14 above.

73. In matters of everyday life, according to Section 64 of the NCC, each person always has the right to act independently, i.e. regardless of whether their legal capacity is restricted.

74. That objective is the underlying principle of legal implications of situations where a person acts alone, though they cannot act without a guardian (Section 65 of the NCC). Such legal acts cannot be declared invalid if the person under guardianship does not suffer harm (e.g. receipt of a gift). It is also possible to preserve the validity of those legal acts in cases where a balance in the rights and obligations of the parties may be brought about by a judicial decision. Nullity of the acting of the person applies in cases where they could not act without a guardian, but it can be made good under the provisions of Section 65 paragraph 2 of the NCC by an additional approval by the guardian.

75. The provision of Section 469 of the NCC allows to appoint a guardian for a person whose health status, in the management of their assets or in defending their rights, causes

problems, if that person proposes it without compromising their legal capacity. In this case, the guardian usually acts together with the represented person.

Access to justice (art. 13)

Reply to the issues raised in paragraph 16 of the list of issues

76. Important means of protecting the rights of the parties were introduced by an amendment to the Civil Procedure Code (CPC) by Act No. 293/2013 Coll. and a law on special judicial proceedings No. 292/2013 Coll. (the ZŘS).

77. The provisions of Section116a of the Civil Procedure Code lay down the right of a party to have an assistant in the proceedings. An assistant is a person with which an individual suffering from a mental disorder has concluded a contract for help in deciding, as approved by the court pursuant to Section 46, paragraph 1, of the new Civil Code. On the basis of the contract, the assistant obtains permission to be present with the consent of the supported at legal proceedings, ensuring the supported person has the necessary data and advising them. The permission to act legally individually in the affairs of the supported only applies if they object invalidity of legal acts of the supported person (Section 47, paragraph 2, NCC). Under such circumstances, the assistant has the right to file an action aimed at drawing consequences of invalidity of substantive-law acts made by the supported. The claim of such an action does not only have to ask for a declaration of illegality of the acts of the supported, but also another determination if declaring nullity would not be grounded on the side of the supported (and thus also on the side of the assistant) by an urgent legal interest (Section 80 of the Civil Procedure Code). In the event that the assistant files such an action, the assistant is a party to the proceedings. Section 68 of the ZŘS provides that a confidant or assistant can raise in the proceedings on behalf of the supported person in their favor all the rights which arose in connection with the acceptance of the dispute. If the acts of a confidant or assistant are contrary to the interests of the supported, the definitive decision is up to the court that decides according to all relevant circumstances.

Liberty and security of the person (art. 14)

Reply to the issues raised in paragraph 17 of the list of issues

78. The Minister of Justice has established an expert working group under the leadership of the Government Representative before the European Court of Human Rights whose task was to analyze in detail the current legislation of involuntary hospitalizations and propose legislative changes which would meet the requirements of Article 5 of the European Convention on Human Rights in light of the judicature of the European Court of Human Rights. The expert working group addressed the issues in detail and proposed legislative changes that have been incorporated into law by an amendment to the Civil Procedure Code Act No. 404/2012 Coll. effective from 1 January 2013. Currently, it is basically the same regulation as the one contained in the special court proceedings act (No. 292/2013 Coll.) which came into force on 1.1.2014.

79. The passed legislation reflects the requirements to guarantee basic human rights as well as focuses on an effective and efficient option of hospitalization in cases of imminent danger to life of persons, through a conceptual change of the proceedings concerning the admission into a medical institution by dividing the earlier single proceeding concerning the admission under Section 191a, paragraph 1, or limitation under Section 191a, paragraph 2, of the Civil Procedure Code, as amended until 1.1.2013, into two new proceedings and greatly strengthens the legal status of hospitalized people in particular with

regard to the case law of the European Court of Human Rights and the conclusions adopted at the meeting of the above-mentioned groups. The first type of proceedings (Section 75 et seq. ZRS) is based on current legislation and impacts those who are involuntarily hospitalized for the reasons set out in Act No. 372/2011 Coll., on Health Services and terms (Health Services Act), as amended. Those proceedings were substantially amended by greatly strengthening procedural rights of hospitalized persons, reflecting the jurisprudence of the European Court of Human Rights (e.g. the judgment of the European Court of Human Rights of 26 May 2011, Ťupa against the Czech Republic, No. 39822/07). The second type of proceedings (Section 83 ZRS) deals mainly with the specific cases in which persons are admitted to an intensive care unit or to Anaesthesiology and Resuscitation due to the fact that their medical condition requires the provision of emergency medical care while not granting their consent to be taken to a hospital.

Freedom from torture or cruel, inhuman or degrading treatment or punishment (art. 15)

Reply to the issues raised in paragraph 18 of the list of issues

80. Restraints may only be used under the Health Services Act for the purpose of averting imminent danger to life, health or safety of the patient or others, and only for the period necessary to protect them. Limiting devices may be used only with the consent of a doctor. In acute cases requiring immediate solutions, the use of restraints may be approved by another health professional, but a doctor has to be informed immediately and must confirm the reasonableness of the restriction. When using means of restraint, it is necessary to explain to the patient — considering their health condition — the reasons for its use and immediately inform their legal representative. During usage of the restraint, the patient must be under adequate medical supervision and their health must be protected. Any use of means of restraint has to be recorded in the medical records of the patient, together with any legal representative informing and also in a special register of the competent medical authority. Unlawful use of means of restraint may be fined and the patient may seek damages or non-pecuniary damages.

81. The Act also establishes the obligations of healthcare providers in the use of restraints — the duty to inform patients or their legal representative; supervision of medical staff commensurate with the seriousness of the health issue, including measures to prevent patient injury; consistently documenting the use of means of restraint. A doctor may use a restraint and other health paramedical workers can use it only exceptionally, immediately informing the doctor and the doctor must confirm the reasonableness of the use of means of restraint.

82. Act No. 372/2011 Coll., on Health Services, as amended, lays down the responsibilities of administrative bodies to exercise control of compliance with the requirements for the provision of health services. It allows the competent administrative authority to control the activities of providers, their duties and respect for patients' rights given by this Act. Any checks are therefore not limited to whether or not the provision of health services is in accordance with the approval. The Act also allows checking the performance of corrective measures and imposing sanctions when these are violated.

83. Inspection activities shall be entrusted to competent administrative authorities entitled to grant permission for the provision of health services and to an administrative office that will issue a binding opinion on the substantive and technical equipment of a medical facility of pharmaceutical care.

84. Management of psychiatric hospitals can use the tool QuIRC which is a web-based tool that makes it possible in their own facility to assess living conditions, care and respect

for human rights for people with long-term psychiatric problems who are placed in psychiatric hospitals or social care homes. The tool was developed during the project DEMoBinc, in which 11 research centers in 10 European countries (Great Britain, Germany, Spain, the Czech Republic, Bulgaria, Italy, Netherlands, Poland, Greece and Portugal) cooperated. The DEMoBinc project (Development of a Measure of Best Practice for People with Long Term Mental Illness in Institutional Care) was funded by the European Union within the framework of its activities supporting research concentrating on providing high-quality and sustainable health care and services.

85. Also note that the Ministry of Health Bulletin No. 8/2012 published Methodology for the Monitoring of Undesirable Events in Health Care Facilities with Inpatient Care. The methodology is directly linked to the European Union Council Recommendation on patient safety, including the prevention and control of healthcare associated infections, dated 9 June 2009 (2009/C 151/01), in particular sections 1 (Support the establishment and development of national policies and programs for safety of patients), 3 (Support the establishment or strengthen systems of reporting undesirable events) and 5 (Ensure classification and measuring of patient safety at the Community level) in section Recommendations on General Issues of Patient Safety.

86. In line with this recommendation, Section 47, paragraph 3 item (b), of Act No. 372/2011 Coll., on health services an obligation was established for health care providers to establish an internal system of quality assessment and safety of healthcare services. Minimum requirements for the introduction of the system of internal evaluation of quality and safety of healthcare services were published in the Bulletin of the Ministry of Health No. 5/2012. These requirements also included standard 1.4 for inpatient medical facilities entitled "Monitoring and Evaluation of Undesirable Events', which contains a requirement to monitor undesirable events according to this methodology in health facilities inpatient care. A national system for reporting undesirable events is operated through the Department of Health Informatics and Statistics of the CR by the Ministry of Health in order to support the monitoring of undesirable events at the level of individual health care providers. Part of this system is an electronic tool for internal records and adverse events reporting at the level of the healthcare provider which is provided to interested parties free of charge. This tool allows providers to monitor in a uniform manner undesirable events as defined by this method, as well as other cases recorded by a provider of health services to supplement its definition for undesirable events.

87. Similar guidelines were published previously in the Bulletin of the Ministry of Health (methodology for the monitoring of undesirable events in health care facilities inpatient care published in the Bulletin No. 10/2010; Methodical instructions for the monitoring of undesirable events in aftercare published in the Bulletin No. 5/2008).

88. The Czech Republic is aware of the issues in psychiatric care and therefore prepares its comprehensive systemic reform and modernization. The aim thereof is primarily to increase the quality of patient care and to move treatment from large institutions to smaller community centers. Psychiatric care reform is based on the strategy of the World Health Organization which prioritizes support to the development of community and semi-mural care, increasing role of primary care and general hospitals, transformation of psychiatric hospitals and education of professionals. At the same time, an essential part of reform efforts in the Czech Republic is a shift to sustainable and humane treatment methods offered in the natural community in the largest extent possible. The Ministry of Health is currently in discussions with other government officials, doctors, health insurance companies, patient organizations and non-governmental organizations regarding the exact form of the transformation. The transformation is to start in 2014.

89. The Health Services Act lays down when and under what conditions can certain restraints be used to limit the movement of the patient. Restrictive measures are used as a

last resort to prevent imminent danger to life, health or safety of the patient or others, and only for the time strictly necessary while the reasons for the use thereof last. One of the basic rules is the requirement for the benefits in the use of restraints to exceed the risks thereof.

90. To restrict the free movement of a patient in the provision of health services, healthcare staff can use holds, reduce the movement of the patient by protective belts or straps, placing the patient in a net bed, placing the patient in a room allowing safe movement, protective coat or vest to prevent movement of the upper limbs of the patient, psychotropic drugs or other medicinal products administered parenterally which are appropriate for the purpose of limiting the free movements of patients during the provision of medical services, or a combination of these means.

91. Net beds are listed among legal restraints. The general trend is to gradually reduce the number of these beds but we, however, consider the absolute prohibition of them to be inappropriate from the clinical point of view because they are mainly used to protect agitated and disoriented patients, namely protecting these patients against falls and subsequent complications.

92. The existing oversight mechanisms for the relationship to psychiatric hospitals are the same as for other medical facilities — Act No. 372/2011 Coll., on Health Services, as amended, lays down the responsibilities of administrative bodies to exercise control of compliance with the requirements for the provision of health services.

93. Currently (since August 2012) the Ministry of Health has been carrying out visits of psychiatric hospitals focusing on the use of restraints and involuntary hospitalization.

94. Another part of hospitals is undergoing an accreditation procedure by the Spojená akreditační komise, o.p.s. (SAK), which was established in 1998. Its mission is to continuously improve the quality and safety of health care in the Czech Republic through the accreditation of health facilities, counselling and publication activities. SAK provides services in the field of external assessment of health care quality, offers a wide range of consulting services in the management of quality and safety of health care for healthcare facilities in the CR. SAK has been the authorized assessor of quality and safety of inpatient health care for types of health care under Act No. 372/2011 Coll., on Health Services (provision of Section 5, paragraph 2, items (f) to (h)) since June 21, 2012 (http://www.sakcr.cz/).

95. In case of violation of these rules, the patient has the right to file a complaint. The complaint may be filed on behalf of the patient by their legal representative, agent or a close person. Complaints are filed directly with providers of health services and no complaint can be in any way detrimental to the complainant. The complainant has the right to be heard, to access to information from the file on the complaint and to a reply within 30 days (within 60 days in complicated cases). A mandatory procedure for handling complaints shall be issued in healthcare facilities with hospitalization; the procedure has to be published and accessible along with information on how to submit a complaint directly at the facility. Thereby, each patient is informed of their right to file a complaint and how this complaint is dealt with. If the patient does not agree with the settlement of their complaint, they may lodge a complaint with the administrative authority that granted authorization to the provider to provide healthcare services. The patient shall be duly informed on the same. The administrative authority examines the complaint and if it finds violations of rules governing provision of health services or other misconduct, it orders the provider to carry out corrective measures or submits the complaint to another administrative authority or the relevant professional association of medical professionals.

96. The administrative authority itself shall examine the complaint or may invite an independent expert or establish an independent committee to assess the steps taken in the

provision of health services, particularly in cases of bodily injury or death of the patient. The committee shall include representatives of the administrative body and health professionals in the given field; a lawyer and the complainant may attend the meeting based on their request. The members of the committee have to be impartial and independent. The committee assesses the case and reaches a conclusion on whether or not the proper procedure has been followed in the provision of health services and if bodily injury or death of the patient has been the result of a failure to comply with procedure as supported by the submitted documents. The committee subsequently proposes remedial measures.

97. A patient who has been hospitalized against their will or a patient who has been provided health services without their consent or has otherwise been harmed by provision of health services may also file a motion with a court to claim damages or injury in any other form and claim a breach of their personal rights for which they may claim damages or compensation for non-pecuniary damages. Their relatives may claim compensation for damages after their death. The dispute is then settled in civil proceedings in front of the courts.

98. Oversight over psychiatric hospitals is carried out by the Ministry of Health or the Czech Medical Chamber (Česká lékařská komora). These bodies are empowered to impose remedial measures to correct the shortcomings and monitor how the measures are introduced. Oversight over psychiatric hospitals is also carried out by the Ombudsman within his/her powers of the National Preventive Mechanism under the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. The Ombudsman has visited a total of 12 psychiatric hospitals since the establishment of the mechanism in 2006. In their reports they recommended — among other things — to improve the conditions in hospitals and their financing, cooperation of the state and local authorities to deal with the social situation of people in hospitals and create a long-term concept of psychiatric care and its financing.

Freedom from exploitation, violence and abuse (art. 16)

Reply to the issues raised in paragraph 19 of the list of issues

99. Victims of violence are the target group of several social services, particularly intervention centers, community clinics, shelters. These services are designed for people without disabilities and also for the disabled. Furthermore, under the National Action Plan for the Prevention of Domestic Violence for 2011–2014 and in the proposed plan for the next period, one of the tasks is implementation of a government information campaign on the issues of domestic violence. This campaign should be specifically targeted at persons with disabilities.

Reply to the issues raised in paragraph 20 of the list of issues

100. Monitoring compliance with human rights in the provision of services and implementing programs for people with disabilities is primarily the responsibility of the Ombudsman (Act No. 349/1999 Coll., on the Ombudsman, as amended). The Ombudsman's work is described in detail in the report (Preliminary Report of the Czech Republic on the Measures taken to fulfil its Obligations under the Convention on the Rights of Persons with Disabilities), on page 33. Social services are also monitored through Social Services Inspectorate (Act No. 108/2006 Coll., on Social Services, as amended). According to Section 2 of this Act, the subject to inspection by the social services is the compliance with the obligations on providers of social services provided by this Act and, secondly, the quality of social services. Inspectors check, among other things, whether providers create conditions that enable service users to exercise their human and civil rights.

Protecting the integrity of the person (art. 17)

Reply to the issues raised in paragraph 21 of the list of issues

101. Intervention in the integrity of a person is primarily governed by Act No. 89/2012 Coll., the Civil Code. Specifically, Section 101 provides that if an attack on the integrity of a person incapable of judgment in a way leaving permanent, irreversible and serious consequences or manner associated with serious danger to his life or health is to be affected, it can only be done with the consent of the court. Sterilization is further regulated by Act No. 373/2011 Coll., on Specific Healthcare Services, as amended, which has been effective from 1 April 2012. Sterilization can be done under the Act for health reasons or for other than medical reasons.

102. Sterilization for medical reasons can be done to a patient who has reached the age of 18 if they grant their written, free and informed consent to the sterilization. A patient of such a limited legal capacity that they are not capable of assessing the provision of health services or the consequences thereof or a minor can only be sterilized for medical reasons pursuant to the written consent of their legal representative, a positive opinion of an expert commission and based on approval of the court which has the jurisdiction of the place.

103. Before performing sterilization for any reason, the physician is obligated to provide the patient with information on the nature of it, its permanent consequences and possible risks. Information must be provided in front of a witness who is a medical worker. If the patient requires the presence of another witness of their choice, the provider allows it. The record on providing the information shall be signed by the physician, patient, witness or witnesses; the record is a part of the medical records of the patient. A standardized template of informed consent is used to grant consent to sterilization.

104. The patient and the patient's legal representative are always invited to the meeting of the expert commission. The expert commission provides the patient and their legal representative with information on the nature of the operation, its permanent consequences and potential risks and verifies that the patient and the patient's legal representative fully understand this information. The expert commission will take into account the intellectual maturity of the patient. A positive opinion on sterilization requires the approval of all the members of the expert commission.

105. Sterilization for other than medical reasons can only be done to a patient who has reached the age of 21, unless its implementation is prevented by serious health reasons, and upon written request.

106. Before performing sterilization for medical or non-medical reasons, the attending physician must provide the patient with information on the nature of the operation, its permanent consequences and possible risks. At least seven days must be given between the filing of information and granting of consent in the case of sterilization for health reasons and at least 14 days in the case of sterilization for other than health reasons.

107. The initiative of the Government Council for Human Rights to compensate women sterilized contrary to the law was discussed by the Czech government in 2013, but no concrete conclusion has yet been reached.

108. In 2012, Act No. 373/2011 Coll., on Specific Health Services became effective. Specific health services are regulated by the Act, including specific medical procedures that may substantially affect the life or health of the patient. The Act sets out preconditions necessary for the patient in order to be provided such services. These medical procedures are a serious intervention into the human body with irreversible consequences. Therefore, the aim of the legislation is to strengthen the protection of patients and increase their confidence in implementing these procedures.

109. Sterilization can begin when the patient or the patient's legal representative has granted their written consent immediately prior to the commencement thereof. Sterilization cannot be done in medical facilities of the Prison Service of the Czech Republic. Sterilization for medical reasons can be carried out regarding a patient who has reached the age of 18 provided they grant their written consent to the sterilization. Patients deprived of legal capacity, patients with such limited legal capacity as not to be competent to assess the provision of health services or the consequences of their provision (hereinafter referred to as the "patient deprived of legal capacity"), or a minor can only be sterilized for health reasons, and based on:

(a) The written consent of his legal representative (hereinafter "the patient's legal representative"); this does not affect the provisions of Section 35 of the Act on Health Services;

(b) A positive opinion of the expert commission; and

(c) Approval of the court which has territorial jurisdiction over the provider.

110. The expert commission is appointed by the provider. The members of the commission are:

(a) 3 doctors with competence in the field of surgery and urology, in the case of sterilization of a man;

(b) 3 doctors with competence in the field of gynaecology and obstetrics, in the case of sterilization of a woman;

(c) A clinical psychologist; and

(d) A person designated by the provider who has received Master's degree in Law (hereinafter referred to as "lawyer").

111. At least four members of the expert commission cannot be in employment or similar relationship to the provider, a member of the supervisory body of the provider or a statutory body, a member of the statutory body or a shareholder of the provider. The expert commission meetings may be attended by the doctor who recommended the operation, but the physician cannot be present during an interview of the members of the commission with the patient.

112. The patient and the patient's legal representative are always invited to the meeting of the expert commission; expert commission meetings have to be initiated so as not to endanger the life or health of the patient. The expert commission provides the patient and their legal representative with information on the nature of the operation, its permanent consequences and potential risks and verifies that the patient and the patient's legal representative fully understand this information. The intellectual maturity of the patient will be taken into account. A record on provision of the information shall be signed by the members of the expert commission, the patient and the patient's legal representative. The standpoint of the patient is a part of the record. If the patient is unable because of their intellectual maturity to understand information or to sign the record, this shall be indicated in the record. The record is part of the medical records of the patient.

113. After having discussed the request, the expert commission shall draw up a written expert opinion to assess whether all the conditions for sterilization have been met; they will also indicate the period of validity of the opinion while respecting the urgency of medical intervention. A positive opinion to sterilization needs the approval of all the members of the expert commission. In the event that the consent of all members cannot be obtained, the expert commission shall describe in its opinion the reasons that led to this. The provider shall forward a copy of the opinions of the expert commission to the legal representative of the patient. The provider shall file with the court the proposal to consent to sterilization.

Provider shall attach to the motion the written consent of the representative of the patient, the patient's statement and opinion of the expert commission. If the patient is unable with respect to their intellectual maturity to make observations, the provider shall indicate this fact with its justification in the proposal.

Living independently and being included in the community (art. 19)

Reply to the issues raised in paragraph 22 of the list of issues

114. The question is not clear as to whether or not personal assistance services meant all social care field services (i.e. nursing service and relief service), and so the data provided may be misleading.

115. Subsidies provided to residence social care services are much higher than the subsidy for field service as the provision of these services is much more expensive (especially the costs of managing and maintaining buildings). The highest part of the cost of field service is formed by labor costs. It is true that there are a large number of residential social services in the Czech Republic. Therefore, the state is taking steps to reduce the number of them through the transformation of such facilities and prioritization of field and outpatient services. These processes are discussed in more detail in the answer to question No. 23.

Reply to the issues raised in paragraph 23 of the list of issues

116. The Czech Republic, namely the Ministry of Labour and Social Affairs (MoLSA), in its long-term priorities in grants to social service providers (from 2015 to the regions which will redistribute funds to providers of social services in their respective territories) supports outreach and outpatient services of social care that allow the users to live in their natural environment. Another priority is to promote residential social care services implementing steps towards deinstitutionalization and humanization and support to social services resulting from or arising in connection with the process of transformation of residential facilities. Other separate priorities for 2015 are: support to social services for persons with mental illness and support services for people with autism spectrum disorders, neurodegenerative disorders (esp. with Alzheimer's disease, Parkinson's disease), with multiple disorders and diseases with a low prevalence.

117. In order to continue in the process of deinstitutionalization, Czech Republic has formulated following priorities:

118. Developing informal and shared care, awareness, transformation and deinstitutionalization of services and training in the social sphere and support to volunteer work; developing new models of community social services of general interest; support of critical social services, social and preventive programs and advancing the cooperation of social services providers (including cooperation with other actors) to promote social inclusion at local level.

119. The Czech Republic is also preparing a National Plan on Promoting Equal Opportunities for Persons with Disabilities for the Period 2015–2020, which mentions the following specific objectives and measures:

- Development of community services that reflect the needs of people with disabilities and assist in retention in their natural social environment; in response to a reduction in mass-residential facilities (measures: Individual MoLSA project aimed at supporting the transformation of social services and community; Creating material and technical standard);

- Financing of social services that reflect the needs of people with disabilities and help to remain in their natural environment (measure: Consistent support outreach social care services, i.e. increasing support these services by public sources, or at least maintaining the status quo);
- Support for caregivers of persons with disabilities (measures: System¬tic support of caregivers, which will improve their quality of life and facilitate the return to the labor market, Setting the legislative rules for the provision of informal care in a natural habitat of PWD);
- Training and development of staff working in the social services and social workers working in municipalities with extended competence in providing support and assistance to persons with disabilities, especially when working in a natural environment (measure: Support facilities for the performance of social work for municipalities; promoting education for social service workers and communities through projects financed from EU funds; adjusting the qualifying conditions for workers in the social services system; preparation of the Act on Social Workers; optimization offers accredited courses for employers and workers in the field of social services; de-stigmatization (education) of persons with disabilities);
- Supporting targeted public relations activities for major target groups (in particular judges, doctors, police officers);
- The reform of psychiatric care and its connection to the social services system (measure: development of social services for people with mental illness through EU funds);
- Social housing adapted for people with disabilities (measure: Setting up support for emerging social housing to include support housing adapted for people with disabilities);
- Higher rates of application of rights under the Convention on the Rights of Persons with Disabilities (e.g. the mechanism for detention proceedings in the social services system) (measure: The concrete specification of the conditions for detention in social services and its legislative basis);
- Programs to "reintegrate" people with disabilities into the labor market, using already acquired training and qualifications (measure: preparing recommendations for social services aimed at obtaining job skills to collaborate with entities operating in the open and sheltered labor market (especially employers, employment agencies, employment agencies); setting up a permeable system of social and vocational rehabilitation; survey of the needs of disabled clients of social services focused on the labor market; support the development of specific programs of social services aimed at enabling PWD to apply their education and skills);
- Specific support to women with disabilities (measure: In adopting all organizational, legal and factual measures that relate to the lives of people with disabilities, ensure equal conditions for women with disabilities);
- Making an optimal county social services network (according to uniform rules of the Legislative Decree) within the available financial resources (processing methodology of regional networks, the legislative definition of methodology; networking services to individual regions according to legislative requirements (unity of creation, establishment of funds));
- Financing individual types of services differently, depending on who actually ordered services (measures: assessing the feasibility of implementation and operation of income/ means-tested, personalized payments, which equates the

objective disadvantage of a particular client — especially in social care services; the introduction of social service funding rules of the European Commission for granting public aid compatible with the internal market, in the form of calculating the amount of grant using the institute of compensation according to the Services of General Economic Interest (SGEI) Decision — especially in social services, counselling and prevention (measure: Strengthening the role of regions and municipalities through their greater participation in determining the form and financial security services provided in their territory);

- Psychiatric care, standing between the social and health systems, is highly centralized, institutionalized and does not meet the current requirements for optimal treatment. Mental illness still presents a stigma in the Czech Republic. The awareness of the public about mental health issues and mental illnesses is inadequate. Although there are some drug prevention programs, there are few programs for mental health promotion, prevention of stress and mental disorders. Primary care is only partially connected to the field of care for mental health — mental disorders. Primary care staff are not always fully informed of early diagnostics and modern approaches to prevention, treatment and rehabilitation of mental disorders. The number of community facilities and services (crisis centers, day care centers, sheltered workshops and sheltered housing, etc.), which have been developing only in the last few years, are completely insufficient.

120. The Ministry of Health, in cooperation with representatives of professional companies, is preparing strategies for reforming mental health care, which cover the following areas:

- Implementation of and access to health services, prevention and health promotion aimed at early detection of disease and lifestyle of the population leading to a reduction in the need for hospital care, the financial costs of treatment, harm and risk factors related to poverty resulting from loss of income over a period of illness or disability. Specific attention shall be paid to active engagement of the most endangered population groups, where poor health hinders the social inclusion process;

- Ensure evenly regionally available and of sufficient quality and highly specialized follow-up care in relation to the epidemiological situation at national and regional level while maintaining the principles of concentration and taking into account the regional dimension needs through targeted investments in the modernization of equipment and technical condition of buildings;

- Creating an environment for deinstitutionalization of psychiatric care and shift its center of gravity to the community through the newly established capacity for the provision of community-based long-term care and alternative care; education professionals and providers of mental health care, programs to promote mental health and de-stigmatisation programs aimed at social inclusion of mentally ill people and increase their participation in the labor market;

- Training of medical staff in relation to the growing importance of community care, with an emphasis given to the population ageing. Acquired competences will reflect both the current requirements and the demands, which can be expected in relation to the demographic development;

- Interconnecting health care and social care.

Reply to the issues raised in paragraph 24 of the list of issues

121. A selective statistical survey on persons with disabilities was held in cooperation with the Czech Statistical Office and the Institute of Health Information and Statistics in 2013. The survey, among other things, analyzes the number of persons with disabilities by type of disability and the type of housing, including housing for social care.

122. Total number of persons with mental disabilities in the Czech Republic is 104,573, of which 23,142 are living in social care facilities; total number of persons with mental illness in the Czech Republic is 145,517 of which 24,118 are living in social care facilities.

123. Social care facilities include retirement homes, homes for people with disabilities, special homes and after-care services.

124. The statistics of people with limited legal capacity or incapacitated in mental hospitals run by the Ministry of Health are currently not available — not surveyed. Probably but may actually vary greatly because psychiatric hospitals operate 24/7/365, while in this mode, patients are accepted and released.

Freedom of expression and opinion and access to information (art. 21)

Reply to the issues raised in paragraph 25 of the list of issues

125. According to Act No. 155/1998 Coll. on communication systems for deaf and deaf-blind people, as amended, deaf and deaf-blind people when visiting a doctor, dealing with official matters and being provided other necessities have the right to interpreter services. Interpreter services are currently social services under Act No. 108/2006 Coll. on social services, as amended, that are provided to users without payment. Development and planning of interpreting services is done by the regions that are responsible for the planning of social services through the creation of a medium-term plan for the development of social services. Currently there are discussions over the interpreting profession within the social services system. One of the views is that interpreting should be excluded from social services and the related adjustment of its funding as well.

126. In the field of television and radio broadcasting, working group meetings are currently underway regarding the amendment of Act No. 231/2001 Coll. One of the themes is also making available audiovisual content to persons with hearing or visual impairment or clarification of the responsibilities of broadcasters in relation to such persons.

127. The amendment to the Education Act, which will become effective on the first of September 2016, shows the supportive measures to which children, pupils and students with special educational needs have a right to:

(a) Use of another teacher, Czech sign language interpreter, transcriber for the deaf or the possibility of persons providing a child, pupil or student during his stay at the school or school facility support under special legislation;

(b) Support for education of children, pupils and students who suffer from impaired hearing is chosen so as to provide education in the communication system of the Deaf and Deaf-blind that meets the needs of the child, pupil or student. Pupils and students being educated in the Czech sign language are simultaneously also provided training in written Czech; the same pupils and students acquire knowledge of the Czech language through the methods used in teaching Czech as a foreign language. When we use a school or school facility Czech sign language interpreter, it will be ensured that the activities are performed by a person who has proven education or experience and education, who has gained knowledge of the Czech sign language at the level of a native speaker and interpreting skills to permit adequate education of the child, pupil or student;

(c) Use of alternative and augmentative communication.

Education (art. 24)

Reply to the issues raised in paragraph 26 of the list of issues

128. Major systemic changes in the provision of supportive measures will be brought about by the adoption of the amendment to the Education Act. Supportive measures will be provided according to the needs of the pupils, current categorization of pupils with disabilities, pupils with health disadvantage and pupils with social disadvantage will be abolished as pupils have been provided different support because of the manner of normative funding. The amendment to the Education Act defines claims to specific supportive measures, introduces the concept of an audit department that legal representatives can contact in cases of suspicion of improper procedures at a school or school facility. The bill containing the amendment includes an exhaustive enumeration of supportive measures to which children, pupils and students with special educational needs are entitled.

129. Training or educational services are to be provided in buildings that are adequately modified from the technical and construction point of view.

130. The number of teaching assistants (APs) providing support at educational facilities has continued to rise — cf. the table. The Ministry of Education has been issuing calls in the long-term development program "to support the financing of AP for children, pupils and students with disabilities and children, pupils and students with social disadvantages". The amount of 165 million CZK has supported this program in 2014, equal to around 1,020 full time equivalents of APs. There will be calls under the program in the year 2015 as well.

131. Among others, projects funded under the European Social Fund serve as a tool for removing information barriers. The key activities include conferences and training seminars for teachers at schools and professional staff of school-based counselling facilities. The outputs of projects serve as a professional and methodological support to teachers in mainstream schools educating pupils with special educational needs. A significant project in this area is called System Support to Inclusive Education in the Czech Republic implemented by the Palacký University in Olomouc. The project includes three basic modules:

(a) A catalogue of supportive measures (linked to the bill amending Section16 of the Education Act as support to teachers);

(b) Teaching assistant;

(c) Further training of teachers.

Health (art. 25)

Reply to the issues raised in paragraph 27 of the list of issues

132. The Act on Communication Systems for Deaf and Deaf-blind People has been valid in the Czech Republic and regulates the use of communication systems by the deaf and deaf-blind persons as their means of communication. These people have the right to interpreter services providing interpretation in their chosen communication system referred to in this Act when visiting a doctor, dealing with official matters and when being provided other necessities and these services are paid for without the need of them paying for them. The state also supports sign language courses for health professionals. In some cases, the medical facility provides these services beyond the requirements of the law.

Reply to the issues raised in paragraph 28 of the list of issues

133. The Czech Republic is a party to the Convention on the Rights of Persons with Disabilities by which it is bound to recognize the principles and policy guidelines contained in the Global Action Plan for Persons with Disabilities and the Standard Rules on the Equalization of Opportunities for Persons with Disabilities. The issue of disability is an integral part of the relevant strategies of sustainable development; according to the Anti-discrimination Act, discrimination against persons with disabilities is recognized as violation of the inherent dignity and worth of human beings.

134. The Ministry of Health issues calls to grant two subsidies every year — the Program of Equalization of Opportunities for Persons with Disabilities, which is designed to support applications of non-governmental non-profit organizations. The program is based on the Government Resolution "National Plan on Promoting Equal Opportunities for Persons with Disabilities for the Period 2010 to 2014", as amended. A further Grant Support Program supports activities in favor of the disabled, chronically ill and elderly people in the Czech Republic.

Work and employment (art. 27)

Reply to the issues raised in paragraph 29 of the list of issues

135. Create a working group for Vocational Rehabilitation — attended by a specialist selected from each region of the Czech Republic. The aim is to promote vocational rehabilitation in the various regions of the country. A better targeting of the individual instruments of vocational rehabilitation is expected to improve the employment of people with disabilities.

136. This year, the Labour Office of the Czech Republic has recruited new workers in order to increase the number of monitoring visits to employers; these workers inform employers on the possibilities and advantages of employing persons with disabilities as part of their monitoring activities. The better awareness of employers may bring about an increase in the interest of employers to employ people with disabilities.

137. With effect from 1 July 2012, an adjustment was introduced to support the employment of people with disabilities, i.e. a modification of the Employment Act. The goal of the changes was to streamline the existing tools of employment policy in order to prevent misuse of instruments intended to support this target group and for resources to be directed to supporting the actual employment of persons with disabilities.

138. The adjustments have been related to:

(a) Contribution for promotion of employment of persons with disabilities in accordance with Section 78 of the Employment Act:

(i) The goal of amending the Employment Act when it comes to unemployment benefits was to streamline the financial support that is provided by the Labour Office of the Czech Republic to employers who employ persons with disabilities who make up more than 50% of their employees. That meant to exclude from the aid specifically the entities that carried out their business activities solely for the purpose of obtaining state aid and basically fictitiously employed people with disabilities for this purpose. For this reason, the benefit to support employment of persons with disabilities has been provided since 1 July 2012 only for employees working in sheltered jobs, the delineation of which is done according to clearly defined conditions. The conditions for the designation of sheltered jobs exclude certain practices of employers which used to be applied to obtain the benefit (e.g. deductions from salaries are excluded, salaries have to be provided to employees by

bank transfer, a certain percentage of people with disabilities cannot work in their homes, etc.);

(ii) Another change was to lay down a contribution of the employer. Therefore, the benefit has been provided from 1 July 2012 at 75% of labor costs incurred per employee with disabilities (up to 8000 CZK per month). 25% of the labor costs are therefore borne by the employer, paid from their own funds. In addition to the above objectives, the introduction of participation of the employer is related also to the intention of a systemic approach to aid provided for the employment of people with disabilities and aid related to social or occupational therapy of these people. The aim is to separate occupational therapy and support to employment of people with disabilities which should only partially compensate employers for the increased costs associated with the loss of ability to work of persons with disabilities;

(iii) As already mentioned, these measures have eliminated abuses of the benefit for the promotion of employment of persons with disabilities. The money saved in this way was reinvested into supporting employment of people with disabilities; the benefit to support employment of persons with disabilities is increased by CZK 2 000 per month for one person with disabilities one year after a sheltered job position is created. This increase to the benefit has been paid out to employers since 2012 to cover increased administrative costs, costs of operational staff and assistants, transportation costs related to employment of persons with disabilities and the costs of adapting the premises;

(b) Mandatory proportion of employees with disabilities in accordance with Section 81 of the Employment Act:

(i) According to the said provision of the Employment Act, every employer employing more than 25 employees has to employ people with disabilities at the mandatory share which is 4% of the total number of employees. The above-mentioned obligation of an employer may be met:

1. By employment of persons with disabilities in labor-law relationship;

2. By purchasing products or services from employers employing more than 50% of persons with disabilities;

3. By payment of money to the state budget.

139. Compliance in the manner described in the second indent sometimes suffers when entities employing more than 50% of persons with disabilities invoice goods or services in the manufacture or delivery of which no employer of persons with disabilities has participated. Therefore, a limit was introduced in 2012 of the volume of supplies that a contractor (employer with more than 50% employees with disabilities) can supply in a given year for the purposes of meeting the mandatory share of supply. This led to a restriction of the said undesirable behaviour of suppliers which will ultimately contribute to the promotion of employment of people with disabilities.

Reply to the issues raised in paragraph 30 of the list of issues

140. It is not possible to provide information on the total number of employed persons with disabilities in the open labor market as this information is not recorded.

141. The information that is available regards the payment of benefits under Section 78 of the Employment Act. In the second quarter of 2014, benefits to support employment of persons with disabilities in accordance with Section 78 of the Employment Act was paid regarding 46,277 employees who are persons with disabilities.

142. If we considered the sheltered labor market to consist of employment of persons with disabilities by employers who employ more than 50% of these people (because state aid is primarily focused at these employers), open labor market is then employment of persons with disabilities by employers who employ fewer than 50% of these people.

143. A labour force survey conducted by the Czech Statistical Office shows that 178,695 persons with disabilities were employed in the Czech Republic in 2012. Out of that number, 40,904 persons with disabilities worked within sheltered labor market. It is clear, therefore, that 137,791 people with disabilities were employed in the open labor market.

144. Active employment policy instruments are implemented in order to promote employment of persons with disabilities that motivate employers to employ this group of people. These are financial benefits provided to employers to create new jobs for persons with disabilities, i.e. sheltered jobs. In this case, employers are provided the benefit for the purchase of equipment necessary for the creation and customization of the workplace. The employer hires workers with disabilities into such supported job and has an obligation to keep the job position for 3 years.

145. Subsidies are also provided for persons with disabilities who choose to be self-employed. The subsidies are a financial benefit towards the purchase of equipment needed to start a business.

146. Benefits to partially cover operating costs are provided to employers of persons with disabilities and persons with disabilities who are self-employed. The benefits are granted to cover increased administrative costs, costs of operational staff and assistants, transportation costs related to employment of persons with disabilities and the costs of adapting the premises.

147. Last but not least, employers are encouraged to employ people with disabilities in the open labor market by income tax deductions. Every employer who employs a disabled person has the right to have their tax reduced by 18 000 CZK per each employee who is a person with disability of the 1st or 2nd degree and by 60 000 CZK in the case of an employee with severe disabilities (recognized disability of the 3rd degree).

Adequate standard of living and social protection (art. 28)

Reply to the issues raised in paragraph 31 of the list of issues

148. The austerity measures implemented in 2010 and 2011 were carried out in order to stabilize the public budget in response to the crisis. These measures have been implemented in different groups so that the "burden" was relatively evenly spread.

149. In response to the need to stabilize public budgets, a reduction of the benefit towards the operation of a motor vehicle was introduced between 2010 and 2011. However, it is to be noted that the benefit was a contribution and not a full reimbursement of costs associated with the operation of the vehicle and was only one of the measures promoting mobility of persons with disabilities. Other forms of support (free use of urban public transportation, significant discounts off fares for bus and train transport, free use of toll roads and many others) were not affected by the austerity measures. Also, there was (and is) an ongoing initiative to remove barriers in public transportation, i.e. making the mainstream mode of transport more accessible.

150. According to the Ministry of Finance, 1.811 billion CZK was spent in 2010 on social welfare benefits provided under Decree No. 182/1991 Coll. implementing the Social Security Act and the Act on the Powers of the Social Security Bodies, as amended, and further 1.901 billion CZK was spent in 2011. The total expenditure of the benefit to the operation of a motor vehicle has increased slightly despite the austerity measures.

151. The social allowance was cancelled in several steps. Under the legislation valid until 31 December 2010, social allowance was tied to caring for a dependent child and to a limit of family income not exceeding twice the subsistence minimum. The amount of social allowance also reflected the health of the child and the parent, the parent's single status, multiple simultaneous births and the child's education at a high school or university. In 2011, social allowance was provided only to a parent who cared for at least one chronically ill child, a child suffering from a long-term disability or a long-term severely disabled child, or if at least one parent suffered from long-term disability or was a dependent child who was disabled in the long-term or was chronically ill. The prerequisite of family income limited to double the subsistence minimum remained in force. As of 31 December, 2011, the complete abolition of the social allowance occurred, but state aid provided to families with disabled children was transferred to care allowance (cf. increase in the care allowance) and aid to assist low-income families was partly offset by benefits in material need.

152. If the critique of "austerity measures and disproportionate effects" refers to the legal situation after 1 January 2012 (the effective date of the Act on the Provision of Benefits to Persons with Disabilities (Act No. 329/2011 Coll., on the Provision of Benefits to Persons with Disabilities), the Ministry of Labour and Social Affairs complied with the task in the National Plan for Creating Equal Opportunities for Persons with Disabilities for the Period 2010 to 2014 which consisted in presenting a factual solution to the statutory regulation of those areas that were addressed by the MoLSA Decree No. 182/1991 Coll. implementing the Social Security Act and the Act on Powers of the Bodies of the CR in Social Security, as amended. The goal in the National Plan was to propose legislation in the form of an Act and a factual revision of the spectrum of benefits, the purpose thereof and the group of persons to be provided the benefits. If the system is to be revised and reformed, benefits contained in the Act for the provision of benefits to persons with disabilities (mobility allowance and allowance for special tools) logically cannot be provided under the same conditions to the same group of persons as was the case with previous social benefits payments. A full replacement of the aid was not the goal of the Ministry and was certainly not the goal of the National Plan. Systems of benefits cannot be fixed in time because only introducing changes can meet the purpose of the benefits for them to respond to the changing needs of society as a whole and its individual members over time.

153. Legal certainty of persons with disabilities and their families has increased as clear conditions for entitlement to aid and the amount thereof are now given. All benefits to persons with disabilities are payments that the persons as a right to (they are obligatory), different from the previous legal regulation. There are uniform rules for determining the amount of the benefit. The law also provides for non-standard situations and allows an individual approach in case of lack of funds (e.g. for payment of ten-percent participatory payment of the price of a medical aid). It is useful to highlight that the previous legislation limited financial support to some devices to up to 50% of the price thereof and for other products to up to 75% of the price and there was no tool to help to pay for the difference even in cases when those were tools and medical aids that were not "less needed" than those where the benefit could reach up to 100% of their cost. It is true that some of the equipment (products, types) is no longer subject to a contribution. These are mainly those that were not found to present a sufficient factual foundation for assistance in the form of benefits. We cannot, however, agree with the statement on restrictive limitations, restrictions to assistance in the form of benefits.

154. There was a logical decrease in expenditures on benefits for people with disabilities in 2012 as some benefits disappeared without being replaced (please see above the reasons for the change). 1.384 billion CZK was spent on benefits for people with disabilities in 2012. CZK 1.904 billion has already been paid in 2013 and another increase is very likely in the coming years. The year 2012 was an exceptional year; the benefits system was being

introduced, the behavior of the clients when important changes to legislation are introduced is always different than in subsequent years.

Reply to the issues raised in paragraph 32 of the list of issues

155. The network of social services is planned by the regions in the Czech Republic under the obligation imposed by Act No. 108/2006 on Social Services, as amended. The state does not interfere in this process, it can only issue recommendations. Planning takes the form of Medium-Term Plan for the Development of Social Services for which the needs of the regional population are identified first and development of social services is then scheduled on the basis of available funds. The Ministry of Labour and Social Affairs is currently implementing an individual project Support to Processes in Social Services aimed at ensuring the availability of social services to the users thereof. One of the activities is directly called Planning Availability of Social Services and Ensuring the Distribution of Funds. The aim is to prepare clues for the region as to how to proceed in creating a network of social services that are needed, available and meet other criteria. The following documents are currently being produced:

(a) Methodology for creating optimal regional network of social services and for planning funds within the processes of creating regional mid-term development plans for social services;

(b) Quality criteria for planning the development of social services;

(c) National Strategy for Development of Social Services.

Reply to the issues raised in paragraph 33 of the list of issues

156. The risk of poverty of disabled people in the Czech Republic because of their low income is not monitored separately, although we have a variety of structured data on poverty providing considerable detail. The Czech Statistical Office carries no regular investigations in this area.

157. The Czech Republic, one of the EU countries with the lowest income poverty in the long run, has reached the level of 9.6% in 2012, while the EU average was about 7 percentage points higher (the figure was 16.9% for the EU 28 in 2012). There was a further decline in 2013 to 8.6% (preliminary data for the EU 28 show 16.7%).

158. In terms of benefits, it can be noted that adverse health condition is reflected in poverty benefits (benefits in material need). For those who must comply with an expensive diet, the amount of subsistence minimum increases, which has an impact on their living allowance. A list of diets and the amounts that increase the amount of subsistence minimum as well as the expertise of the doctor who confirms this fact is laid down in Decree No. 389/2011 Coll., on the Implementation of Certain Provisions of the Act on Assistance in Material Need. The increase varies from 1000 CZK (diet during dialysis) to 2800 CZK (diet for the celiac disease) per the diet type. An adverse health condition that requires special housing needs is also reflected in the housing allowance.

159. Income poverty of families with a disabled person (a dependent person) is reduced by the existence of an increase in the care allowance. The care allowance is increased by 2000 CZK (monthly) to dependent children under 18 years of age and their parent who is entitled to care allowance and who looks after a dependent child under the age of 18. A prerequisite is that the income of such family is less than twice its subsistence minimum. It is also important to note that the care allowance is not considered income for purposes of other social security benefits. This fact also contributes to reducing income poverty of persons dependent on the care of another person and their carers from among family members.

Participation in political and public life (art. 29)

Reply to the issues raised in paragraph 34 of the list of issues

160. As of 1 January 2014, Act No. 89/2012 Coll., the Civil Code (hereinafter "NCC") became effective and abolished the concept of "depriving of legal capacity" which had hindered the exercise of voting rights under the laws governing elections until then. On 7 April 2014, Act No. 58/2014 Coll. became effective and changed the terminology of electoral laws in relation to the NCC so that the impediment to the exercise of voting rights involving the deprivation of legal capacity becomes limited incapacitation for the performance of voting rights.

161. When it comes to the impediment to the exercise of voting rights, the municipal authorities had so far in the permanent list of voters listed "deprivation of legal capacity" which has been construed from 1 January 2014 under the interim provision in Section 3032, paragraph 1 of the NCC which lays down that a person who has been deprived of legal capacity under the existing legislation shall be considered a person of limited legal capacity under this Act as of the effective date of this Act.

162. The impediment of limiting the capacity to exercise their voting rights is thus recorded in the permanent list of voters on the basis of a court decision issued in new cases since 1 January 2014 or in cases under Section 3033, paragraph 1, of the NCC which states that persons who were deprived of legal capacity before the effective date of this Act or whose legal capacity was limited before the effective date of this Act will regain their legal capacity no later than three years from the effective date of this Act, unless a court decides otherwise. It means that the impediment to the exercise of voting rights involving the deprivation of legal capacity which is listed as such in the permanent list of voters will be considered as an impediment limiting legal capacity to exercise the right to vote after 1 January 2014 when the above-mentioned period of 3 years under the transitional provisions of the NCC elapses.

163. Unless a court decides within a period of 3 years from the effective date of the NCC that the voters who still have the above obstacle involving the deprivation of legal capacity that their legal capacity is limited to the exercise of their voting rights, the record of this obstacle in the exercise of voting rights will have to be deleted from the permanent list of voters.

164. In this context it is worth mentioning the Supreme Administrative Court decision file No. 2014... 9 Ads 23/2014 — 34 dated 26 March 2014 which states that "... People who were deprived of legal capacity under the Civil Code of 1964 thus became effective from 1 January 2014 ex lege legally capable to act in the extent to which the NCC provides for an impossibility to limit their legal capacity, ...". Section 64 of the NCC provides that the decision to limit legal capacity does not relieve a person of the right to act independently in ordinary matters of everyday life, e.g. a person of limited legal capacity is eligible to donate and receive a gift of small value under Section 2066 of the NCC. It is therefore clear that the restriction of legal capacity imposed by a court cannot apply to ordinary affairs of everyday life. Exercise of voting rights is, however, not an "ordinary affair of everyday life". Election laws lay down an impediment of restricting legal capacity to exercise voting rights, even though the statements of some courts hint that the courts do not tend to adopt such decisions, and the NCC does not preclude a court from limiting the legal capacity to exercise the right to vote; in such a case, the person concerned is not "disenfranchised" but only cannot execute this right because of an obstacle limiting their exercise of voting rights for the period during which the limitation applies. In this context, the Supreme Administrative Court stated, "... the extent of restriction of legal capacity should be limited in the interest of the person and third parties in an extent that is obvious either directly

under the law or from the relevant court decision so that it is clear to what extent can the person legally act..."

165. For completeness, beyond the scope of our answer to the questions, we would like to add that all election laws deal with disabled people using two mechanisms: voting using the assistance of another voter and a portable ballot box.

166. The election laws lay down the prerequisites for exercising the right to vote for individual types of elections held in the Czech Republic consistently by providing that a voter who cannot alter the ballot himself/herself due to physical disability or who cannot read or write can be accompanied for alteration of ballots by another voter, but not by a member of the electoral commission, and the ballot can be handled and placed into the official envelope by the other voter. Likewise, another voter, but not a member of the district election commission, may insert the official envelope with the ballot into the ballot box for a voter who is unable to do so.

167. In addition, all election laws allow voters to ask the local authority for serious reasons (especially health reasons) and the district election commission — during the days of election — for permission to vote outside a polling station in the electoral district for which the district election commission has been established. In this case, the district election commission sends two of its members to the voter with a portable ballot box, an official envelope and ballot papers. For voters who are unable to alter the ballot due to physical disability or because they cannot read or write, the voting process would be similar as described above for voting at a polling station.

Participation in cultural life, recreation, leisure and sport (art. 30)

Reply to the issues raised in paragraph 35 of the list of issues

168. The Marrakesh Treaty was, signed subject to ratification, in the name of the Czech Republic on the 24 June 2014. The ratification of the Treaty depends on solving the matter of the European Commission's mandate which has not yet been decided by the Council.

169. To complement, we would like to highlight that the Ministry of Culture dedicates continuous attention to the needs of the visually impaired, whether by establishing libraries and printers for the blind (Knihovna a tiskárna pro nevidomé K. E. Macana) or by providing subsidies — in the case of arts, literature and libraries — by the Department of Literature and Libraries to allow access by the visually impaired to public library and information services (i.e. grants for libraries to purchase audio books and technical equipment allowing the visually impaired to use library services). In addition, the program Cultural Activity in support of cultural activities for disabled and senior citizens provides subsidies to create movies for the blind, production of audio books etc.

Reply to the issues raised in paragraph 36 of the list of issues

170. The issue of services for the disadvantaged is currently an important topic discussed in the library and information services circles. The Ministry of Culture reflects it in the implementation of the Concept of Development of Libraries in the Czech Republic for 2011–2015, specifically in action item No. 13, which is to improve access to libraries and their services, and to enforce the criterion of wheelchair accessibility of library services as a criterion for evaluating the quality of services.

171. Libraries also guarantee equal access to information and education within the meaning of the Library Act (No. 257/2001 Coll.) and their services are provided equally to everyone. The extent and quality of Public Library and Information Services (PLIS) has

existing at differing levels as there is a number of obstacles to the free use of PLIS. The availability of PLIS is limited to some groups of inhabitants.

172. Following the National Cultural Policy, Action item No. 2.5, Support to Projects Facilitating Access of Handicapped Citizens and Minorities to Cultural Services, tasks are assigned to the working group for the implementation of this measure:

(a) A survey and analysis of existing sources of barriers of PLIS accessibility — research of available surveys, professional and student work, articles going back 10 years;

(b) Publishing a standard of accessibility focused on four groups of disadvantaged users (people with physical disabilities, visually impaired, hearing impaired and mentally handicapped);

(c) Implementation of deeper exploration work of libraries working with persons with disabilities or other handicaps;

(d) Preparation of detailed methodologies for 4 groups of disadvantaged users (people with disabilities, visually impaired, hearing impaired and mentally handicapped);

(e) Extending the standard for other groups of disadvantaged users;

(f) Completion of the rules for granting certificates according to the standard Handicap Friendly;

(g) Promoting certified libraries and certification as a principle in cooperation with organizations for the disabled;

(h) Preparation of detailed information on "National Development Programme Mobility for All".

173. The National Library is currently preparing for release a methodological guide for libraries working with users with disabilities "Equal Access. Standard Handicap Friendly" which will contain:

(a) Methodology for the standard Handicap Friendly: universal methodology;

(b) Methodology for the standard Handicap Friendly: Persons with visual impairment;

(c) Methodology for the standard Handicap Friendly: Persons with hearing impairment;

(d) Methodology for the standard Handicap Friendly: Persons with physical disabilities;

(e) Methodology for the standard Handicap Friendly: Persons with mental disabilities.

C. Special obligations

National implementation and monitoring (art. 33)

Reply to the issues raised in paragraph 37 of the list of issues

174. The working group to draft a monitoring mechanism in the Czech Republic was set up in the second half of 2011. The working group consisted of representatives of the MLSA, the Secretariat of the Government Board for People with Disabilities and the National Council of Persons with Disabilities. It was later expanded to include representatives of the League of Human Rights and people representing the "basic" kinds of

disabilities (parents of children with disabilities, persons with visual impairment, persons with physical disabilities, persons with hearing impairment, people with mental illness, people with mental disabilities, persons with chronic illnesses) in March 2013.

175. The working group has met usually once per month, trying to find consensus on the composition, scope of powers and method of establishing a monitoring mechanism. The result was a clear demand for laying down an independent monitoring mechanism by the law in accordance with the Paris Principles. The institution which meets the most requirements of the Paris Principles in the legal framework of the Czech Republic is the Ombudsman.

176. An amendment to the Act on the Ombudsman which assigns this new responsibility to the Ombudsman was submitted to inter-departmental comments procedure in July this year.

177. According to the bill, the Ombudsman shall establish an advisory board for monitoring the Convention composed of persons with disabilities and those defending their interests. For the purpose of monitoring the Convention, the Ombudsman shall systematically deal with the rights of persons with disabilities under the Convention and propose measures to protect them, conduct research, publish reports and make recommendations on issues relating to the fulfilment of the rights of persons with disabilities, contribute to raising awareness of the public regarding the rights of persons with disabilities and ensure exchange of available information with the relevant foreign and international bodies.